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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Aut	horized Com	mittee		Off	fice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, ty er the lines.	уре	12FE4M5	
DR. NOEL COLLIS F	OR CONGRES	S		1 1 1 1		I
	136 GOLF VIEW [DRIVE				
DDRESS (number and street)	PO BOX 358					
Check if different than previously reported. (ACC)	ALBANY				MN 56	307
		CITY ▲		51	ATE A	ZIP CODE ▲
C C00718676		3. IS THIS REPORT	NEW (N) O	or [AMENDED (A)	STATE ▼ DISTRICT
. TYPE OF REPORT (Choose One) (b) 12-Dav PRE	-Election Report fo	or the:		
(a) Quarterly Reports:	,	П	Primary (12P)	П	General (12G) Runoff (12R)
April 15 Quarterly	Report (Q1)	П	Convention (12C)		Special (12S)	
July 15 Quarterly	Report (Q2)		M M / D		y	
October 15 Quar	terly Report (Q3)	Election on	W W / B			in the State of
January 31 Year-	End Report (YE) (c	30-Day POS	T-Election Report	for the:		
_			General (30G)		Runoff (30R)	Special (30S)
Termination Repo	ort (TER)	Election on	M M / D	D /	Y Y Y	in the State of
. Covering Period	07	Y Y Y Y Y 2019	through	м м 09	/ D D / Y	Y Y Y 2019
certify that I have examined Type or Print Name of Treasu	CLEMENS, DAV		owledge and belie	ef it is true	e, correct and co	omplete.
Cignature of Treasurer	LEMENS, DAVID, , ,		[Electronically Filed] Da	te M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
IOTE: Submission of false, erro	oneous, or incomplete i	information may	subject the person	signing thi	s Report to the p	penalties of 52 U.S.C. §3010
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

07

01

of Receipts and Disbursements

2019

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2019

09

30

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name DR. NOEL COLLIS FOR CONGRESS

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 25800.00 25800.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 25800.00 25800.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 7231.88 7231.88 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 7231.88 7231.88 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 128568.12 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 110000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

EXPENDITURES

15. OTHER RECEIPTS

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

(Refunds, Rebates, etc.)

(Dividends, Interest, etc.).....

(Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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0.00

0.00

135800.00

Write or Type Committee Name

DR. NOEL COLLIS FOR CONGRESS

07 01 2019 09 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 21800.00 21800.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 21800.00 21800.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) 4000.00 4000.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 25800.00 25800.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 110000.00 110000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 110000.00 110000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING

0.00

0.00

135800.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	7231.88	7231.88
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
 19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	7231.88	7231.88
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	135800.00
25.	SUBTOTAL (add Line 23 and Line 24)		135800.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	7231.88
27.	CASH ON HAND AT CLOSE OF REPORTIN	G PERIOD	128568.12

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER:	PAGE	5	OF	 13
(c	che	ck only	or	ne)				
	X	11a		11b	11c	11	d	
		12		13a	13b	14	. [15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DR. NOEL COLLIS FOR CONC	GRESS	
Full Name (Last, First, Middle Initial) FREETHY, ROBERT, , , Mailing Address 261 SUNRIDGE WAY		Date of Receipt 09 30 2019
City VACAVILLE	State Zip Code CA 95688	Transaction ID : SA11AI.4119
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED Receipt For: 2020	Occupation FUNDRAISING Election Cycle-to-Date 5600.00	Memo Item CONTRIBUTION
Full Name (Last, First, Middle Initial) FREETHY, ROBERT, , , Mailing Address 261 SUNRIDGE WAY City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
VACAVILLE FEC ID number of contributing federal political committee.	CA 95688	Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED Receipt For: 2020	Occupation FUNDRAISING Election Cycle-to-Date	- 2800.00 x Memo Item REDESIGNATE: GENERAL 2020
Full Name (Last, First, Middle Initial) FREETHY, ROBERT, , , Mailing Address 261 SUNRIDGE WAY City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
VACAVILLE FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: 2020 Primary General	CA 95688 C Occupation FUNDRAISING Election Cycle-to-Date	Amount of Each Receipt this Period 2800.00 Memo Item REDESIGNATE: GENERAL 2020
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		5600.00
TOTAL This Period (last page this line number	· only)	I

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER:	PAGE	 b	OF	 13
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		12		13a	13b	14		15

or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) DR. NOEL COLLIS FOR CONG	RESS	
Full Name (Last, First, Middle Initial) FREETHY, SANDRA, , ,		Date of Receipt
Mailing Address 261 SUNRIDGE WAY		09 30 2019
City	State Zip Code	Transaction ID : SA11AI.4121
VACAVILLE	CA 95688	
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED	Occupation FUNDRAISING	5600.00
Receipt For: 2020		Memo Item
Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5600.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) FREETHY, SANDRA, , ,		Date of Receipt
Mailing Address 261 SUNRIDGE WAY		09 30 2019
City	State Zip Code	Transaction ID : SA11AI.4127
VACAVILLE	CA 95688	-
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	- 2800.00
SELF-EMPLOYED	FUNDRAISING	Memo Item
Receipt For: 2020 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date ▼	REDESIGNATE: GENERAL 2020
Full Name (Last, First, Middle Initial) FREETHY, SANDRA, , ,		Date of Receipt
Mailing Address 261 SUNRIDGE WAY		09 30 2019
City VACAVILLE	State Zip Code CA 95688	Transaction ID : SA11AI.4128
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	2800.00
SELF-EMPLOYED Receipt For: 2020	FUNDRAISING	x Memo Item
Primary General	Election Cycle-to-Date	REDESIGNATE: GENERAL 2020
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)	>	5600.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER:	PAGE	/	OF	13
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NAME OF COMMITTEE (In Full)

DR. NOEL COLLIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

REISDORFER, JOAN, , ,

/ DR. NOEL COLLIS FOR CO	NGRESS		
Full Name (Last, First, Middle Initial) REISDORFER, JOAN, , ,			Date of Receipt
Mailing Address 2704 W 29TH STREET			09 25 2019
City	State SD	Zip Code 57105	Transaction ID : SA11AI.4112
SIOUX FALLS	3D	57105	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 5000.00
Name of Employer VAMC	Occupation NURSE		Memo Item
Receipt For: 2020 ✓ Primary General Other (specify) ▼	Election Cyc	sle-to-Date ▼ 5000.00	CONTRIBUTION
Full Name (Last, First, Middle Initial) REISDORFER, JOAN, , ,	l		Date of Receipt
Mailing Address ₂₇₀₄ W 29TH STREET			09
City SIOUX FALLS	State SD	Zip Code 57105	Transaction ID : SA11AI.4115
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer VAMC	Occupation NURSE		- 2200.00
Receipt For: 2020	Election Cyc	cle-to-Date ▼	Redesignate: CONTRIBUTION
Full Name (Last, First, Middle Initial) REISDORFER, JOAN, , ,			Date of Receipt
Mailing Address 2704 W 29TH STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SIOUX FALLS	State SD	Zip Code 57105	Transaction ID : SA11AI.4116
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer VAMC	Occupation NURSE		2200.00
Receipt For: 2020 Primary General Other (specify) ▼	Election Cyc	cle-to-Date	REDESIGNATE: GENERAL 2020
SUBTOTAL of Receipts This Page (optional))		5000.00
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER:	PAGE	8	OF	•	13	
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	X	11a		11b	11c	11	d			
		12		13a	13b	14	. [15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (In Full) DR. NOEL COLLIS FOR CONC	he name and address of any political committee	e to solicit communities
Full Name (Last, First, Middle Initial) SPRENGELER, SARAH, , , Mailing Address 3340 QUEENS ROAD	JNEGO	Date of Receipt
City	State Zip Code	09 30 2019 Transaction ID : SA11Al.4134
ALEXANDRIA	MN 56308	- I alisaction ib . SATTAL4134
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer DOUGLAS COUNTY HOSPITAL	Occupation PHARMACIST	5600.00
Receipt For: 2020	Election Cycle-to-Date 5600.00	Memo Item CONTRIBUTION
Full Name (Last, First, Middle Initial) SPRENGELER, SARAH, , ,	•	Date of Receipt
Mailing Address 3340 QUEENS ROAD		09 30 2019
City ALEXANDRIA	State Zip Code MN 56308	Transaction ID : SA11AI.4137
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer DOUGLAS COUNTY HOSPITAL	Occupation PHARMACIST	- 2800.00 x Memo Item
Receipt For: 2020 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date ▼	Redesignate: CONTRIBUTION
Full Name (Last, First, Middle Initial) SPRENGELER, SARAH, , ,	1	Date of Receipt
Mailing Address 3340 QUEENS ROAD		09 30 2019
City ALEXANDRIA	State Zip Code 56308	Transaction ID : SA11AI.4138
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer DOUGLAS COUNTY HOSPITAL	Occupation PHARMACIST	2800.00
Receipt For: 2020 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date	Memo Item REDESIGNATE: GENERAL 2020
SUBTOTAL of Receipts This Page (optional)		5600.00
	r only)	21800.00

SCHEDULE A (FEC Form 3)

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for each category of the ITEMIZED RECEIPTS **x** 11d **Detailed Summary Page** 12 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DR. NOEL COLLIS FOR CONGRESS Full Name (Last, First, Middle Initial) COLLIS, NOEL, , , Date of Receipt Mailing Address 136 GOLF VIEW DRIVE 07 City State Zip Code Transaction ID: SA11D.4107 MN 56307 **ALBANY** FEC ID number of contributing Amount of Each Receipt this Period H0MN07109 federal political committee. 4000.00 Name of Employer Occupation DR. NOEL COLLIS FOR CONGRESS **CANDIDATE** Memo Item Receipt For: 2020 Election Cycle-to-Date CANDIDATE CONTRIBUTION **x** Primary General 4000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... 4000.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

PAGE 10 OF FOR LINE NUMBER: 13 (check only one) Use separate schedule(s) for each category of the 11a 11b 11d 11c **Detailed Summary Page** 12 13b 14

x | 13a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DR. NOEL COLLIS FOR CONGRESS Full Name (Last, First, Middle Initial) COLLIS, NOEL, , , Date of Receipt Mailing Address 136 GOLF VIEW DRIVE 24 City State Zip Code Transaction ID: SA13A.4132 MN 56307 **ALBANY** FEC ID number of contributing Amount of Each Receipt this Period H0MN07109 federal political committee. 100000.00 Name of Employer Occupation DR. NOEL COLLIS FOR CONGRESS **CANDIDATE** Memo Item Receipt For: 2020 Election Cycle-to-Date **CANDIDATE LOAN x** Primary General 104000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) COLLIS, NOEL, , , Date of Receipt Mailing Address 136 GOLF VIEW DRIVE 2019 09 30 City State Zip Code Transaction ID: SA13A.4133 **ALBANY** 56307 MN FEC ID number of contributing С H0MN07109 Amount of Each Receipt this Period federal political committee. 10000.00 Name of Employer Occupation DR. NOEL COLLIS FOR CONGRESS **CANDIDATE** Memo Item Receipt For: 2020 Election Cycle-to-Date **CANDIDATE LOAN** x Primary General 114000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 110000.00 SUBTOTAL of Receipts This Page (optional)..... 110000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 11 13 Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20b 20c

ITEMIZED DISBURSEMENTS 19b 20a 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DR. NOEL COLLIS FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement ANEDOT 25 2019 Mailing Address 1920 MCKINNEY AVENUE 7TH SLOOR City State Zip Code **FEC Identification Number** TX **DALLAS** 75201 Purpose of Disbursement CREDIT CARD FEES C00718676 001 Candidate Name Amount of Each Disbursement this Period Category/ DR. NOEL COLLIS FOR CONGRESS Type Disbursement For: 2020 Office Sought: House 200.30 Senate Primary General Transaction ID: SB17.4110 Other (specify) President Memo Item MN State: District: Full Name (Last, First, Middle Initial) PIRRON, KYLE, , , Date of Disbursement Mailing Address 1400 WARREN STREET 24 2019 APT. H20 City State Zip Code **FEC Identification Number** MN 56001 **MANKATO** Purpose of Disbursement CAMPAIGN CONSULTING C00718676 001 Candidate Name Amount of Each Disbursement this Period Category/ DR. NOEL COLLIS FOR CONGRESS Type Disbursement For: 2020 5000.00 Office Sought: House -95 Senate Primary General Transaction ID: SB17.4117 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) C. RINGHAND, DEREK, , , Date of Disbursement Mailing Address 245 JAYCEE CT 30 2019 APT. 308 City Zip Code State **FEC Identification Number MANKATO** MN 56001 Purpose of Disbursement CAMPAIGN CONSULTING C00718676 001 Candidate Name Amount of Each Disbursement this Period Category/ DR. NOEL COLLIS FOR CONGRESS Type 2000.00 Office Sought: Disbursement For: 2020 House Senate Primary General Transaction ID: SB17.4130 President Other (specify) Memo Item State: MN District: 07 SUBTOTAL of Disbursements This Page (optional)..... 7200.30 TOTAL This Period (last page this line number only)..... 7200.30

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.4132 NAME OF COMMITTEE (In Full) DR. NOEL COLLIS FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary COLLIS, NOEL, , , General Mailing Address 136 GOLF VIEW DRIVE Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MN 56307 ALBANY Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D24^D M09M ž019 Y12/31/2020 Y % (apr) Yes No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 100000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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R. NOEL COLLIS LOAN SOURCE Full Na COLLIS, NOEL, ,	ame (Last, First, Mic		☐ Memo It	x Primary
Mailing Address 136 GOLF VIEW DRIVE	<u></u>			General Other (specify) ▼
City		State	ZIP Code	Paranal Funda of the Condidate
ALBANY		MN	56307	Personal Funds of the Candidate
Original Amount of Loan	n	Cumulative Page	ment To Date	Balance Outstanding at Close of This Period
,	10000.00		0.00	10000.00
TERMS Date Incu	ırred	С	ate Due Interest I	
M09M / D30D /	Y Ž019 Y	M M / D D	/ Y12/31/2020 Y	0.00 % (apr) Yes No
List All Endorsers or G	uarantors (if any) to	o Loan Source		
1. Full Name (Last, Firs	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First	, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount Guaranteed	
City	State	ZIP Code	Outstanding:	7
3. Full Name (Last, First	, Middle Initial)	•	Name of Employer	
Mailing Address			Occupation	
		T	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9 9 9
	, Middle Initial)	•	Name of Employer	
4. Full Name (Last, First			Occupation	
4. Full Name (Last, First Mailing Address				
Mailing Address		T	Amount	
	State	ZIP Code	Amount Guaranteed Outstanding:	,,.,,
Mailing Address	State	ZIP Code	Guaranteed	, , , , , , , , , , , , , , , , , , , ,
Mailing Address City			Guaranteed	10000.00